C-2 Rev. 7/97



## CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type)

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200	rin	<b>79</b>
-	w	

**************************************					
Name of Candidate or Political Co	mmittee and Chairperson	)		Office Sought (if candidate)	District (if any)
Mailing Address	Chock if address che	nge. City and Zip		Home Phone	Work Phone
19 DENTA		HOPE	83836		264-5225
Name of Political Treasurer	<u> </u>	1770, -	1 0 000	W-10/02/3053	THE STATE
To Ana Una S	PONE			SECHELY	Pire in AHO
Mailing Address	Check if address the	mge. City and Zip		Home Phone STAT	Work Phone
19 DENTON	RS	HOPE	83836	264-5225	264-5225
Section II		TVDF OF	REPORT		
Directions: To indicate the instructional manual for report	type of report being orting periods and did to the for the period from	filed, fill in the appue dates.	propriate dates ar	nd check the appropriate to	_
ins repor	r is for the benion in	J		/ugii _//	<u> </u>
☐ 7 Day Pre-Primar	y Report	7 Day Pre-Ge	neral Report	☐ Quarterly (April 30) (only filed by ballot me	asure committees)
30 Day Post-Prima	ary Report	D 30 Day Post-0	Beneral Report	(**** <b>,</b> ********************************	
<b>=</b> • · • · · · · · ·			·	□ Quarterly (July 30)	
October 10 Pre-G	eneral Report	Annual Repor	t	(only filed by ballot me	asure committees)
Is this Report as	amendment?	Yes DNo	Is this a	Termination Report?	Yes 🗆 No
Section III	STATEMENT	OF NO CONTRI	BUTIONS OR	EXPENDITURES	
Directions: If you had no co the appropriate dates and sig Section IV.   I hereby certify	n this report. Be su that I have received	re to carry forward no contributions a	the appropriate	i, check the box next to the "Calendar Year to Date"  expenditures during this	figures in Column II,
		<u> </u>	anough	<u> </u>	
Section IV			MARY		
To reach your Calendar Yea				COLUMN I	COLUMN II
figures to the Column II figu	ires of your previous	s report (except on	line 6).	This Period Cal	lendar Year to Date
Line 1: Cash on Hand Janua	m. 1 This Venue		•	2 XXXXXX	41.5.24
Line 2: Enter Cash Balance		amina Dariades	₹_	405 24	XXXXXX
5 B	-	-		0 5	λλλλλλ
Line 3: Total Contributions		page 2)	»	110011	
Line 4: Subtotal (Add lines	•		3 -	1105.24	405.24
Line 5: Total Expenditures (			ر د ع ۱۹۸۸	705.44	703 14 1
Line 6: Cash Balance at Clo	se of refloo (Subtra	ct inte 3 from the	<del>4</del> )***		
*This same figure should be **You must report the cash Note that the closing cash b	on hand at both the	beginning of the re	porting period a	nd the close of the report	
Section V	CONTRIBUT	IONS PLEDGED	- INCURRED	EXPENDITURES	<del></del>
Contributions Pledged d	uring this reporting	period but not yet	received:	one 🗆\$	(see attached Schedule C-2A)
Incurred Expenditures	• •		₹/	-	(see attached Schedule C-2B)
mention Expenditures (	mus sebornus	person but not yet	paid. unit		(see attached schedule C*26)
	Section VI		CERTIFIC	ATION	
Return This Report To:	Geetivii YJ	~ ^		ALIVIT	
Pete T. Cenarrusa	1 1	\oHna	Vanst	5/76 hereby certi	ify that the information
Secretary of State	ا ما ماه ما ا ما ماه ما	(name of Poll	Mai Treasurer)	ct Campaign Financial D	•
PO Box \$3720		•	mbiere sua correc	o Campaign Financial Di	isciosnia vahou sz
Boise ID 83720-0080	require	d by law.	70	1/4.	
fax: (208) 334-2282			place 1	lan Stone.	<b>&gt;</b>
			Signature of Pol	itical Treasurer	
			-		

**DETAILED SUMMARY PAGE** 

Name of Candidate or Committee  DALE VAN S		From <u>el   el   03</u> 0/2/31/03
	UNITEMIZA Contributions of Fifty	ED CONTRIBUTIONS Dollars (\$50.00) or Less This Period
	Total Number	Total Amount \$
	UNITEMI Expenditures of Less Than	ZED EXPENDITURES Twenty-Five Dollars (\$25.00) This Period
	Total Number	Total Amount \$

	Total This Period
Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	S
Itemized Contributions (total all Schedule A sheets)	\$
otal Contributions (also enter this figure on page 1, Section IV, line 3)	\$
Number of Schedule B pages Attached	1
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$
Itemized Expenditures (total all Schedule B sheets)	s 405.24 s 405.24
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ 405.24

P.03

## SCHEDULE B ITEMIZED EXPENDITURES of Twenty-Five Dollars (\$25.00) or more this period

3 3

Name of Candidase or Committee

OALE VAN STONE Column B Column A In-Kind Cash or Full Name, Mailing Address and Zlp Code (non-monetary) Check of Recipient Date VAN STONE 19 DENTON Ad s 405.24 01/15/03 HOPE, IDAMO LOAN Mode ON 9/28/62 Purpose of Above Expenditure: Re-tayment Purpose of Above Expenditure: Subtotals of Columns A & B

Total This Page (add columns A & B)